

Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

Establishment Name V.F.W. NO. 3281	Telephone Number Est 812-945-6685 Own 812-945-6685	Date of Inspection 06/22/2022	ID#		
Address 232 E. FIFTH STREET, NEW ALBANY IN 47150					
Owner V.F.W. POST 3281	Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up	Released		
Owner's Address 232 EAST FIFTH STREET NEW ALBANY, IN 47150-		Menu Type 1 _ 2 _ 3 <u>X</u> 4 _ 5 _			
Person in Charge KATHY KELLAMS					
Responsible Person's Email VFWFLOYD@MW.TWCBC.COM					
Certified Food Handler KATHY KELLAMS					
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"					
Section #	C	NC	R	Narrative	To Be Corrected
187	X			Measured deli cooler at 59F. Cooler must remain under 41F if any potentially hazardous foods are stored in it. Observed only sauces, and sliced onions stored in cooler.	1 week
191	X			Observed sauces stored in deli cooler out of its original bottle without a 7 day date mark. They were discarded as a precaution.	corrected
291		X		Observed no sanitizer test strips. If Chlorine bleach and quat tablets are used both test strips are required.	1 week
411		X		Observed light bulbs out in fumehood (1), over prep table (2) and in back room near walkin(1). Lighting was measure over the prep table at 30 footcandles. 70 is minimum in areas of food prep.	10 days
410		X		Observed no light shields or light sleeves for light bulbs over 3-comp sink and prep table.	10 days
309		X		Observed the exhaust fan in the woman's restroom not working.	2 weeks
Summary of Violations C <u>2</u> NC <u>4</u> R <u>0</u>					
Received by (name and title printed):				Inspected by (name and title printed): Thomas Snider CFS	
Received by (signature):				Inspected by (signature): <i>Thomas Snider</i>	
cc:		cc:		cc:	